V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residence in city or town where death occurred statement PHYSICIAN (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) 1936 PERMANENT (Month) (Year) 5e. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of × certificate. 6. DATE OF BIRTH (month, day, and year) 2 Deys 4 Months If LESS than proper 7. AGE to have occurred on the date stated above, at / @ stated 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. jo back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at 11. Total time (years) this occupation (month and year) spant In this that occupation ___ instructions UNFADING Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town plain (State or country) carefully ----- Was there an autopsy? What test confirmed diagnosis?.. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide? Date of injury DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT Œ OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S CAUSE mation LION Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify B (Signed) Registrar. (Address) ~ Arabelled.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1098	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH		1788	
County Forland		Registration Dist. No. 184	
Village or City	4	NoSt.,	Ward
Length of residence in city or town where	/.	If death occurred in a hospital or institution, give its NAME instead of street and numbersds. How long in U.S. If of foreign birth?	
2. FULL NAME Rinny	D.010.11	Bear la	
*	Charge &	St. Ward.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Block	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 9 193 (Month) (Day) 193	(Year)
ia. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. 1 HEREBY CERTIFY, That I ettended decea	
1882	10-18	1 1 1 1 1 1 1 1 1 1	
3. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than I day,hr:	to have occurred on the date stated above, et	atii 13 3ai
8. Trade, profession, or particular	ormin.	were es follows:	te of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	obores	Ma medical allowhon	
9. Industry or business In which work was done, as SILK MILL,	<i>5</i> /	The same of the sa	
SAW MILL, BANK, etc.	w tom	Burned to death	
10. Date deceased last worked at this occupation (month end the year)	11. Total time (years) spent in this occupation	Dooth due to burns received in a Burning	ot
12. BIRTHPLACE (city or town) (State or country)	2	Other Contributory Causes of importance: building cwfR	1
1	1		
The state of the s	all contraction		
(State or country)	77/	Name of operation Date of	
	120	What test confirmed diagnosis? Was there an autops	sy?
- Truring	Offenne	23. If death wes due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Def	Accident, suicide, or homicide?	2/
17. INFORMANT Fronk	Buchumund	Where did injury occur? Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Later Later Strain	Date Fishell, 1934	Manner of injury - Navned to depth Nature of Injury	
19. UNDERTAKER Howard	What Pa	24. Was disease or Injury In any way related to occupation of deceased?	200
			WIE

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		a my All	
	191		
Other contributory causes of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	i		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

7-4-2	

1)(5)	RD. Every item of infor-	YSICIANS should state	statement of OCCUPA.	
AARGIN RESERVED FOR BINDING	C.N. BWRITE PLANTAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
X V. S. No. 1	S	EN	1	TO

COTA V. S. No. 1

				Registration Dist. No. 181		
				No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward	
Length of residence in c	ity or town where d	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.	
2. FULL NAME	Sti	llborn B	urcham	J		
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AN	ID STATISTI		· · · · · · · · · · · · · · · · · · ·	MEDICAL CERTIFICATE OF DEATH		
	or or race White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Feb. 17, (Month) (Day)	, 193 6 (Year)	
ia. If marriad, widowed, or divention HUSBAND of (or) WIFE of	orcad			22. I HEREBY CERTIFY, That I attended of	deceased from	
6. DATE OF BIRTH (month, da	v. and vaar)	eb. 17,	1936			
7. AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to hava occurred on the date stated abova, at 8 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset	
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	articular as SPINNER,					
Industry or husiness l	n which			STILLBIRTH		
work was dona, as SAW MILL, BANK, 10. Date deceased last wo		11 Total	time (veare)			
	nth and	spe	time (years) ent in this upation			
12. BIRTHPLACE (city or town) (Stata or country)	Church	ville, M	d.	Other Contributory Causes of Importance:		
13. NAME	P. B. Bu	rcham				
13. NAME 14. BIRTHPLACE (city or to (State or country)	own)N	orth Car	olin a	Name of operation Date of What test confirmed diagnosis? Was there an ai		
15. MAIDEN NAME	Helen M.	Bencham		23. If death was dua to external causes (VIOL ENCE) fill in also tha following:		
15. MAIDEN NAME Helen M. Bencham 16. BIRTHPLACE (city or town) North Carolina (State or country)				Accident, suicide, or homicida?		
17. INFORMANT (Address)		M. Be	elain,	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	iCE.	
18. BURIAL, CREMATION, OR I	illputte	no bu	riel - ,19	Manner of injury		
riacon de la constantina della						

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Gallstones	May 1,1923	Gastroenterius	y gow

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF DEATH	(95-0) + 85
County	Registration Dist. No. 102
Village or City Volave are Trace ~	No. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town whara death occurred 36 yrs.	nosds. How long in U.S. if of foreign birth?yrsmosc
2. FULL NAME Edward By Sweet	edutter.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 193 (a
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
	- T7 10 1936, 10 193
6. DATE OF BIRTH (month, day, and year) Nov. 1-1879	I last saw h alive on, 19.3 6; death is si
7. AGE Years Months Days If LESS than	
0 / 1 8 ormin.	wera as follows:
8 Trada, profession, or particular kind of work done, as SPINNER,	(0) # MI = 0.0
SAWYER, BOOKKEEPER, atc	well my or your
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	D D
(State or country) mary face to,	- more micheal
13. NAME Aug Tours 14. BIRTHPLACE (city or town) Aug Lang Lang Lo.,	anama
(State of country)	Name of operation
	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME Elizabeth Parrol	23. if daath was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Weboured (State or country)	Accident, suicida, or homicida?, 19, 19
Country)	(Specify city or town, county and State)
17. INFORMANT CAUCA CAUCA CANADA CALLA CAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. James - Date If the 2919	Nature of injury
19. UNDERTAKER Verreinstout Sou.	24. Was diseasa or injury in any way related to occupation of dacaased?
(Addrass) Lave the Grace, no	if so, specify
20 FILED Jet 20 19.36 Charles J. Joley M.D.	(Signad) Helylen M
Registrar.	(Address) Algen D. G. Calle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	wa	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

LHL

statement

Exact

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?. 2. FULL NAME Yeteran specify WAR. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DEVORCED (write the word) (Month) 5e. If married, widowed, or divorced HUSBAND of CERTIFY. That I ettended deceesed from (or) WHE-of 6. DATE OF BIRTH (month, day, end yeer) If LESS then 7. AGE Months Oevs to have occurred on the date steted above, et. 2 m 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trede, profession, or particuler kind of work done, es SPINNER 0 SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.____ Oate deceased lest worked et 11. Totel time (years) spant in this this occupation (month end occupation _.. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation (State or country) Whet test confirmed diegnosis?. Was there en eutopsy?_ MOTHER 15. MAIDEN NAME 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE 17. INFORMAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Manner of Injury

Neture of Injury

If so, specify

(Signed)

24. Was disease or injury in eny way releted to occupetion of deceased?

(Address) - Card

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*/ VEAU. V. S.			3 7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			O MINISTER

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. ds. statement PHYSICIAN (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) classified. 5a. If merried, widowed, or divorced **HUSBAND** of That I ettended deceased from (or) WIFE of 1881 P certificate. 6. DATE OF BIRTH (month, dev. and year) properly 7. AGE Deys If LESS than stated Months 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER. jo SAWYER, BOOKKEEPER, etc... may back 9. Industry or business in which plnods work wes done, as SILK MILL, SAW MILL, BANK, etc.... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ___ instructions 80 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_ plain (State or country) carefully What test confirmed diagnosis?_ MOTHER important, 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE AUSE S mation LION Neture of injury. 24. Wes disease or injury in eny wey related to occupation of 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example		Example II	1
The principal cause of death and related causes of importance were as follows AR 5 1006	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis V. B.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	107-2
County Sanford	Registration Dist, No. 155
Village or City & Javre de Grace	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 35 ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Sough marky is	Fallow, Fallon
(a) Residence: No. Juniatal	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED ("unjie the word)	
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
0 1 1/ 12-	- Alex 20 ,1935, 10 Jet 1,1936
The state of the s	5 I last saw h
7. AGE Years Months Days If LESS the	The state of the s
8 Trade profession or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	The words
9. Industry or husiness in which	J. Manuela I. Minner
work was done, es SILK MILL, SAW MILL, BANK, etc.	Pourry
10. Date deceased last worked at this occupation (month and year)	
2 1. 11. 11	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) a large was started (Stete or country)	
	1. Cardene Tarlans
13. NAME TOSESUE OF TALLON 14. BIRTHPLACE (city or town) Ballungs	Name of operation
(Stete by country) maryland	Name of operation
15. MAIDEN NAME Stellam. Price,	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Stellam, Paire, 16. BIRTHPLACE (city or town) Carre to Grace (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) maryland,	Where did injury occur?
17. INFORMANT DIEG. The Albert. (Address) Flackrase, m.d.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place augel full Date Vel 7, 19.	Nature of injury
19. UNDERTAKER Deminstoutson,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Idelsugee, mai	If so, specify
20. FILED Jek 4 , 1936 Charles J. Faley M. D	(Signed) harter f Total M. D
/ Registra	(Address) June deplace for

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I				Example II	224WII press
The principal cause of de of importance were as fol	ath and related c lows:	auses	Date	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MP 5	1936		915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis				921	Run over by street car	1 week ago
Cerebral hemorrhage	7 7 ()	v. 5	Jul	5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:				Other contributory causes of importance:	
Gallstones			May	1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury _____ 19____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ward

(Day)

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING

FOR

RESERVED

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Example I	1	* * Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C 17	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

B

STATE OF MARYLAND—CERTIFICATE OF DEATH 796

1. PLACE OF DEATH	1070 7 184
Village or City Searborowh.	Registration Dist. No. 1 7
(H	
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No. Shay B. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRJED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH The 17 (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Servele	22. HEREBY CERTIFY, That I attended deceased from 193 C, to File 16 193 E
6. DATE OF BIRTH (month, day, and year) bed 29-185-5-	I last saw her aliva on 95 lb 16 , 1935; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronolo Pnarmonia Oate el onest
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years) 11. Total tima (years) this occupation (month and 1/2, 3/2) spent in this	
10. Oate deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance:
13. NAME Manos grafith	
13. NAME ON CONSTRUCTION ON A STATE (City or town) (State or country)	Name of operation
15. MAIDEN NAME and Bull X	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME (15. MA	Accident, suicide, or homicide?Oate of Injury, 19 Where did injury occur?
17. INFORMANT afford graffords (Address) STREET SM d:	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Villis un Oate Felt, 19, 1986	Manner of injury
19. UNOERTAKER A. B. Bailey (Address) Darling my	24. Was disease or injury In any way related to occupation of deceasad?
20. FILEO Fels 18, 1936 M. W. Kirls. Registrar.	(Signed) harles (m. Jamous M. D. (Address) Aleg B. mg

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Example I	1.7	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STREAM V S	7.4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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Q	item of	plnods
	Every	CIANS
TARGIN RESERVED FOR BINDING	N. BWRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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V. S. No.	n	1
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stated EXACTLY. properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1797
1. PLACE OF, DEATH	108
county starford	Registration Dist. No.
Village or City Rock Run	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?rsmosds
2. FULL NAME Howard Dan	ma
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 193 6 (Month) (Day) (Year)
5e. If matried, widowed or divorced HUSBAND of CONSUMER of	22. IMEREBY CERTIFY That Lattended deceased from
(or) WIFE of	Hel-9 1936 to And 2 198
6. DATE OF BIRTH (month, day, and year) Unknown	liast saw have alive on Tiel // 1936 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. A.m.
about 78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	2-2 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- 17.3
TD. Date deceased last worked at this occupation (month end 1934) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Arrford Co.	Dther Centributary Causes of Importance:
(State or country)	
13. NAME BISTAPLACE (city or town) Starford Con	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Starfort Col	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WWW Da greet and ell	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Proch Au Com Date Fell, 14, 1936	Manner of injury
Ad Dail	Mature of mjury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Tet. 12 1936 Berelia B. Wright	If so, specify (Signed) (Signed) (Signed) (Signed)
Position of Paristers of Parist	(Address) Sallicators

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUPEAU V. S.			330
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA.

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	man x
County Horford	Registration Dist. No. 180
Village or City Jopps	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Mary Theresa Henning (a) Residence: No. Oppa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female white 5. SINGLE, MARRIED, WIDOWED, OR DAYORGED (wind the word)	21. DATE OF DEATH Peb 23 75 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Adam Henning	22. HEREBY CERTIFY, That I attended deceased from Decer 32. 19. to Feb231 36 , 19
6. DATE OF BIRTH (month, day, and year) May 21 1859	I last saw h alive on Feb 10136 ; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at _4 ; _1 - 0t \[\] The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
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12. BIRTHPLACE (city or town) Jopps Md. (State or country)	Other Contributory Causes of importance: Myocardial Insufficiency
3 NAME Nicholas Zigler	
13. NAME Nicholas Zigler 14. BIRTHPLACE (city or town)	Name of operation
15. MAIOEN NAME Anna Barbara Wagner 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Home
(State or country) Fred Henning 17. INFORMANT Joppa Md (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Stephen Date Fre 27, 1935	Manner of injury
19. UNDERTAKER Howard Chelone (Address) Hon & close i rich 20. FILED Feb 24, 1936 & mily M. Shipley	24. Was disease or injury In any way related to occupation of deceased? No. 16 so, specify (Signed) MAN JOHN TARREST AND MAD.
Resistrar	(Address)

(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OTITE OF		AID CENTIFIC	ATE OF	DEATH	1 2011
STATE OF	MARYL	AND-CERTIFIC	AIE OF	DEATH	163

STATE OF MARYLAND—	CERTIFICATE OF DEATH 179:	1
1. PLACE OF DEATH	92-0	
County Harford	Registration Dist. No. 185	
Village or City Maire de Grace	NoSt.,	Ward
Length of residence in city or town where deeth occurred 35 yrs	death occurred in a hospital or institution, give its NAME instead of street and nu	
0111 , 80 11	n	
(a) Residence: No. ± 22 - ± 8 . Washington	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	otate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male vilite married	Hebrinary 7/22 (Month) (Dey)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	224 I HEREBY/CERTIFM. Thet I attended do	eceased from
(or) THE The house of foulling.	11/	1936
6. DATE OF BIRTH (month, dey, and year)	I last sew high alive on February 2 197, 1936;	deeth is said
7. AGE Years Months Deys If LESS then	to have occurred on the dete stated above, at \$50 km.	
46 / / l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or perticular	7,1,1	
kind of work done, as SPINNER, ALLESSIE	Valoular Beach	
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Lista	
10. Date deceased last worked et this occupation (month and yeer) 11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Baltymore	Other Contributory Causes of importance:	
(Stete or country) Maryland,	Melval ambolus	
13. NAME 13. NAME 14. BIRTHP(AEE (city or town) Court v		
14. BIRTHPLACE (city or town) Court	Neme of operation Dete of	
(State of Country)	What test confirmed diagnosis? Was there en eu	itopsy?
15. MAIOEN NAME Kattering Kenne 16. BIRTHPLACE (city or town) Baltimore	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) 4 Saltinuous 1 (State or country) marilland)	Accident, suicide, or homicide? Dete of injury	, 19
Colored Coloring)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT POOL . Chouseful hoffange (Address) Have de Grace, mid.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, UR REMOVAL,	Manner of injury	
Plece Guld et d'Ult, a 7, 19 B	Nature of injury	
19. UNDERTAKER Course for Source, ned	24. Was disease or injury in eny way related to occupation of deceased?)
20. FILED Feb 24, 1936 Charles J. Toley 728	(Signed) Ame 16 19	ay M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3			
Other contributory causes of importance:	(Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 1800
County Harlord	Registration Dist. No. 185
Village or City Havre de Leace	No. 200 So Timon Chase. Ware
longly of confidence in all the above that the state of the first	(If death occurred in a borpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME lizabeth Sligh	enson Hope with
(a) Residence: No. 260 So. Economic C	Zost, Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEI	
OR DIVORCED (write the word	
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of Town D. Nopkin	22. I HERED CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Clare 19.18 4	19 Wast saw her alive on Fel. 6, 1936; death is sal
7. AGE Years Months Days If LESS the	to have occurred on the date stated above, at 10301.m.
86 6 18 Iday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done as SILK MILL	The occition
Ondustry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and 93 2 spent in this 65 occupation (coupation)	*Xo
11-1-0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The state of the s
13. NAME George Stephenson	to Deal al
11.1.1.	Name of operation.
(State or country)	Name of operation
15. MAIDEN NAME Saverna Phrist	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
11.11.	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Marie Il S'lex	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 S Succession	open, matter that the book of the boo
18. BURJAL, CREMATION, OR BOMOVAL	Manner of injury
Matrick run ein Date Tel. 199	Nature of injury
19. UNDERTAKER. Making Makhell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Havede Grace Ma	If so, specify
20 FILED Fet 8 1936 Charles & Free 72	(Signed) Lames Colony M.
20. FILEO St. 1956 Charles & Charles The Registra	(Address) Hom by Leoce Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
U Line		

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. B.—WRITE PL.

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STATE OF MARYLAND-CERTIFICATE OF DEATH 801

1. PLACE OF DEATH	
County Darford	Registration Dist. No. /8 2
Village or City Bellian	NoSt., Ward
Length of residence in city or town where death occurredyrs,mgs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Blygaman Oscar	ahnson
(a) Residence: No. Buryman	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 23 (Oay) (Year)
HUSBAND of (or) WIFE of	22. File I HEREBY CERTIFY that I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Me elive on Fall 2/ 1936 death is seld
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2 ?m.
1 day,hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	Carchas asthma mhm
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at Full 11. Total time (years) spent in this	Primary Cause: Strute myocordities Cent 57.
year) occupation 3.0 mg	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) January	
(State or country) Mary and	
I Charles & Frontist	
(State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy? Was there are autopsy? Was the way and
15. MAIOEN NAME Zevia Stanshory 16. BIRTHPLACE (city or town) Derry man	23. If death was due to externel causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT ms. alberta Marfield (Address) Derraman may	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Myer M. C. Comby Date Jel 26,1926	Nature of injury
19. UNDERTAKER Servey Januing Sons	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Juliana Mil	If so, specify
20. FILEO Feb 27, 19 HME Richardson	(Signed) Child. M. D. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Secretary Services			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY.

properly classified.

certificate.

back

See instructions on

very important.

TION is

FATHER

MOTHER

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town (State or country)

(State or country)

state

Exact statement of OCCUPA. PHYSICIANS should

SERVI	NK-T	plnods	it may
RES	ING I	AGE	o that
MARGIN RESERVI	N. BWRITE PLAINLY, WITH UNFADING INK-T	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may
	WITH	efully s	in plain
	VINLY,	be car)EATH
•	re PL	should	E OF L
0.1	-WRI	mation	CAUS
V. S. No. 1	N. B.	(3

STATE OF MARY	LAND-CERTIFICATE	OF DEATH	1802
1. PLACE OF DEATH	-59		,
1. PLACE OF DEATH County Harford	9	Registration Dist. No.	. 181
Day D			,

1. PLACE OF DEATH	
County Starford Registration Dist. No. 18	
Village or City ND. St., (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town whara death occurred 52 yrs, mos. ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Maude V. Knight	
(a) Residence: Np. St., Ward. (Usual place of abode) If nonresident give city or town and St.	late
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
5a. If married, widowed, or diversed	193 (Ya
(or) WIFE of W. O cott from and 22. I HEREBY CERTIFY That I attended da	, 19
6. DATE OF BIRTH (month, day, and year) / www. 291883 law saw have allva on Co. 1933;	death
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date o
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BODKKEEPER, atc.	
O Industry or business in which work was done, as SILK MILL, A SAW MILL, BANK, etc. 11. Total time (years) 4, spant in this occupation (month and spant in this secupation)	192

Ward

(Yaar)

Date of onset

ended daceased from

....mos.....

Name of operation. What test confirmed diagnosis?_____

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting US. No. 1.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	1070 V ASTO
County Harford	Registration Dist. No.
Village or City Nevryman	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
001.00	R
2. FULL NAME Rolle & Edward Llas	,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (against the word)	21. DATE OF DEATH Fult. 3
Male Colored Single	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Blee. 15-1934	I last sew h 22 alive on 24 3 19 % death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated ebove, etm.
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
9 Trade profession or particular	Comcho precumia lan 31
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	1936
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
O TID. Date deceased last worked et 11. Total time (years)	
O this occupation (month and spant in this occupation coupation	
12. BIRTHPLACE (city or town). Renyman	Other Contributory Causes of Importance:
(State or country) & Mary Lard	
13. NAME Ulyses Leak 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Vivian Som	23. If deeth wes due to external ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME Vivian Brown 16. BIRTHPLACE (city or town) Buryman (Stete or country)	Accident, suicide, or homicide?
- (Siere of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mu Muyatta Llan (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE LINEAR M. C. Canally Date Till & T. 19 76	Manner of injury
Mesany Tanana Mond	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER GENERY January Ground (Address) Juliesbuch mid	If so, specify
20, FILED 1936- (c. Michael -	(Signed) May Wolher W. M. D.
Registrar.	(Address) Have de frace mis

V. S. No. 1

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis AR 5 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LI V.S.			9 9
Other contributory causes of importance:		Other contributory causes of importance:	T at
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	IAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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should state of OCCUPA-PHYSICIANS Exact statement ORD. Every stated EXACTLY. A PERMANENT properly classified. BINDING certificate. FOR SI WITH UNFADING INK-THIS MARGIN RESERVED AGE should be jo See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE P

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	mA , c à
County Auros Pa	Registration Dist. No. / 8 3
Village or City Laury Frone - J	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Louise Manuel	D-10
(a) Residence: No. Jawn Trove - To	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH John 22 1936 (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Welliam Maun	22. JHEREBY CERTIFY. That I attended decased from
6. DATE OF BIRTH (month, day, and year) May - 1 1884	I last saw he 1. alive on tely 27 1, 19%; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at 10. A.m.
5/ 9/21 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER. Horese Rece per	Darcoma of ovorces about
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Fallo
kind of work done, as SPINNER. Horese Ree per SAWYER, BDDKKEPER, atc. 9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaasad last worked at this occupation (month and fine occupation) 11. Total time (years) spant in this occupation (month and fine occupation)	193.4
12. BIRTHPLACE (city or town) Mary land	Dthar Coatributory Causes of importance:
13. NAME Lottman	
13. NAME Tolling 14. BIRTHPLACE (city or town) Maknewn	Nama of operation Move Date of
(State of country)	What tast confirmed diagnosis? 5 X assure Lion. Was there an autopsy? (CO.
15. MAIDEN NAME Sout Proce 16. BIRTHPLACE (city or town) (State or county)	23. If daath was dua to external causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicide?
17. INFORMANT John & Name (Addrass) Facer Leove - Fi	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CARMATION, OR REMOVALY Place enfire. Tres. Cemeter Date Jehr 75, 1936	Manner of Injury
19. UNDERTAKER W. Howard Webba. (Address) Facen Troop - To	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb 25, 1936 Thos. P. Grown Registrat.	(Signad) Valle Hawkus pa M.D. (Address) Facin Frong - Jan
76	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of apilepsy 9861 9 87W	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT should Registration Dist. No Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____vrs.____mos. statement OKD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL WIDONCO classified. 5a. If married, widowed, or divorced HUSBAND of Isaac Mechex FY. That I attended deceased from (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or____min. Date of enset 8. Trade, profession, or particular THIS. NO kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. .. may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.____ on 10. Date deceased last worked al 11. Total time (years) this occupation (month end spent in this that occupation ... instructions UNFADING 12. BIRTHPLACE (city or town (State or country) supplied. plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or country) should be carefully MOTHER important. 15. MAIDEN NAME INSON 23. if deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE S CAUSE mation LION Nature of Injury 19. UNDERTAKER (Address) if so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	item of infor-	should state	of OCCUPA-		
	RECORD. Every	. PHYSICIANS	Exact statement		
OR BINDING	S A PERMANENT	ated EXACTLY	roperly classified.	rtificate.	5
MARGIN RESERVED FOR BINDING	NFADING INK-THIS I	plied. AGE should be st	rms, so that it may be p	nstructions on back of ce	THOUT ACCOUNTS
MA	N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	3 7 5 6 7 7 NOTE TO THE TOTAL OF THE TOTAL O
V. S. No. 1	N. BWR	matio	CAU	VOIT(1

V. S. No. 1

OLYMIN GONDONAL STATE OF MARYLAND-	CERTIFICATE OF DEATH 1806
1. PLACE OF DEATH	
county tarford	Registration Dist. No. 185
Village or city faire de Grace,	Na Haskita St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horestal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Vegry Heidle (a) Residence: No. averagen Md. 1.	Fol. O. H I ward Cuxude abendeen, md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wgrd)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If married, widowed, or divorced	(MOR(II) (Oey) (Tear)
(or) WIFE of time Resource	22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Jh. 25, 1858	I last saw beardive on Feb. 27, 1936, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 9 - Cm.
78 0 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Artero Selessis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Pleast Villas Vislance of
	Chrosic Rephritis
10. Date deceased last worked at this occupation (month and 1932 year) occupation occupation.	
12. BIRTHPLACE (city or town) Harford Co	Other Contributory Causes of importance:
(State or country)	Carlese Failure
13. NAME Condrew Reidlein	
14. BIRTHPLACE (city or town) Harfard 6	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Pargarett Veincleine 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, NFORMAN A. JOSEPH J. C. M.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ingel Ivel Oate Mar, 1936	Nature of injury.
19. UNDERTAKER T. Madison Mitchell	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) Haute the trace	If so, specify (Signed) Charles I Taley M.D.
20, FILEO UN 29, 1936 Clarks & Cally M. D. Registrar.	(Address) Sand de Prace, M.J.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	1'
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ch byesty	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

		F MAR	YLAND-	CERTIFICATE OF DEATH	807
1. PLACE OF	DEATH			948	1W
County	Jarford	A		Registration Dist. No/	* 5
Village or City	alon	gdin	/16	ND. death occurred in a hospital or institution, give its NAME instead of at	St.,Ward
Length of resider	nce in city or town where de	eath occurred 6	yrsmos		
2. FULL NAM	E My Jos	in F	Pr	il	
(a) Residence	: No. abina	don (Usual place	of abode)	St., Ward. If nonresident give city or t	own and State
PERSONA	L AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
male 4	white	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH Feb (Month) (Day)	, 193 6 (Yeer)
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced Estella I	Price		22. I HEREBY CERTIFY, That I a	
	onth, day, and year) Apa	ril 14	1874		19.36 ; death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.30 f.m.	
61	98	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	Date of onset
9. Industry or bus	k done, as SPINNER, DOKKEEPER, etc siness in which	none		Coronary occlusion	Fel 12
work was do	one, es SILK MILL, BANK, etc.				
0 10. Date deceased	last worked at ion (month and	Sp8	ime (years) nt in this upation		
12. BIRTHPLACE (city o		gdon, Md	~~~~~~	Other Contributory Causes of importance:	
© 13. NAME J	oeph A. Pr:	ice			
13. NAME J 14. BIRTHPLACE (c) (State or co)	ity or town)	ryland,			Date of
	02 2 4 .	-X	guson.	What test confirmed diegnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (ci (State or co	ity or town)			23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide?	, 19
17. INFORMANT Ab	s.Estella : ingdon,Md.	Price,		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	end State) BLIC PLACE.
18. BURIAL, CREMATION	n, or REMOVAL agdon Cemet	· Date Feb	.15 ,1936	Manner of injury	
19. UNDERTAKER HO (Address)	ward K.McC. bingdon, Md	omas,		24. Was disease or injury in any way related to occupation of dece	ased? No
20. FILED FEL 13	,1936 & mi	ly m, of	hipley	(Signed) fel O Hodon	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F-1	Example I	The same of the sa	Example II	
The principal cause of do f importance were as fo	eath and related ca	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 5 19	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrat	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	1. S. July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:	May 1,1923	Other contributory causes of importance:	1 year
Gaustones		In ay 1,1000	Ottor Ochtorios	1 goar

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Starford	Registration Dist. No. 183
Village or City Jawn Jure	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	
2. FULL NAME Vathagiel A. To	hebaugh
(a) Residence: No. Faun From. F. A.	2 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, de hite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeby = 21 1936 (Month) (Day) (Year)
5a. If marriad, withouses, of divorces the Roperbough	22. A HEREBY CERTIFY, that I attanded deceased from
C	2) dum 1950, 10 Very 217, 1950.
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on de de de de de la company de la comp
7. AGE Yaars Months Oays If LESS then 1 day,hrs.	to have occurred on the data stated ebove (at the state of the state o
7 0 ormin.	were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	Corevral Almorrhog Summ
SAWYER, BOOKKEEPER, atc	1930
9. Industry of Dusinass in Which Work was dona, as SILK MILL, SAW MILL, BANK, atc.	/
10. Data deceased lest worked at this occupation (month and spent in this	
year) occupation	Other Cantributary Canses of importanca:
12. BIRTHPLACE (city or town)	7, 1
(State or country)	(Merio Delevoses
13. NAME And Roughtugh 14. BIRTHPLACE (city or town)	<u></u>
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet tast confirmed diagnosis? Varan aus of rice Was there an autopsy?
15. MAIDEN NAME Malacle linspache	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Classification of the State of Constant of	Accident, suicida, or homicide? Oate of Injury, 19
X (Steta or country)	Where did Injury occur?
17. INFORMANT Some Robbargh (Address) From From	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Fasels leng Date 1 + 24 , 1936	Nature of injury
A HUGGETTAND It Tolores of 24-6-4	24. Was diseasa or ipjury in any way related to occupation of decaased?
(Address) June Jave Ja	If so, specify
201 11 21 21 P Brown	(Signad) Calle of Vaco Krus M.O.
20. FILED 77, 19.36 (Mas. V). 1000 W Registrar.	(Addrass) Faun Frove - Ja

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car T 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITIONATIO	DI AVE I VI	T UILLIIII	DIVITINITINI	13 1	I II I SI OI ALI

V. S. No. 1

important. See instructions on back of certificate.

TION is ver

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Harford		Registration Dist. No.
Village or City Aberdeen		NoSt.,Ward
Length of rasidence In city or town where daath occurred $_{-}$ $\overline{15}$	(If)_yrs,mos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? 45 yrs
2. FULL NAME Michael Roszyk		If U.S. Veteran specify WAR
(a) Residence: No. Aberdeen P.O. (Usualplace of	ahode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRI OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH Let. 21 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of Antonina Roszyk		22. I HEREBY CERTIFY. That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Sept. 18,18	55.	I last saw him aliva on 21 70 ,1936; death is said
7. AGE Yaars Months Days 5 3	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 3:15 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer 9. Industry or business in which	•	Garcinana Stonach
work was done, es SILK MILL, SAW MILL, BANK, etc	e (vears)	
	in this TE	
12. BIRTHPLACE (city or town) Sroda, (State or country) Pola	nd	Dthar Centributery Causes of importance:
🖺 13. NAME Stanislaus Roszyk		
13. NAME Stanislaus Roszyk 14. BIRTHPLACE (city or town) Sroda, (State or country) Pola	nd	Nama of operation 24.44 Oats of
		What tast confirmed diegnosis?
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Sroda, (State or country) Pola	nd	Accidant, sulcide, or homicide? Date of injury, 19
17. INFORMANT Antonina Roszyk, (wi	fe)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATOR OF REMOVAL Place St. Stanislaus Date 2/26/	36 ,19	Manner of Injury
19. UNDERTAKER M. J. Sabowshi Y J. (Addjess) 180 H Eastern ave	ons	24. Was diseasa or injury in eny way ralatad to occupation of deceasad?
20, FILED FILE 72, 19 96 OCNE	Registrar.	(Signad) Charles J. Jaley M.D. (Addrass) Sance de Grace MA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zatampics.
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis WAD 5	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	[July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	County A Corporate		(131) Registration Dist. No. 185	
	Village or City A and	Dugrace	No. 66 / Bacchow St., death occurred in a horpital or institution, give its NAME instead of street and g	War
	Length of residence In city or town where dea		ds. How long in U.S. if of foreign birth? yrs. msead or street and m	
2	. FULL NAME Tug	20,00	arbarough	
	(a) Residence: No. 669	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
-	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	Male Arute 5	S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (certic the word)	21. DATE OF DEATH 25 (Nonth) (Dey)	, 193 (Year)
5e.	If married, widowed, or diverced HUSBAND of	2	22. O I HEREBY CERTIFY, That t attended	
	(or) HEE of Berlie	1 & Carboron	2 Dec 1 ,1935, 10 736 25	, 19.7
	DATE OF BIRTH (month, day, and year)	uly 13 187;	I last saw h. Lass alive on 73/4 25 ,1936	; death is
7. /	AGE Years Months	Days If LESS than 1 day,	to have occurred on the dete steted above, at	
-	S Trade profession or postinular	ormin.	were as follows:	Date of or
o O	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	armor	Isometra greummus.	.2.12.2
PAT	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
2	10. Date decessed last worked at	11. Total time (years) Ψ_{II}	Primary Conset Chronic nephrities Cult	2
0	this occupation (month and 1932)	2 spent in this occupation	I Duration : met stated.	
12.	BIRTHPLACE (city or town)	Hard Cr.	Other Contributory Causes of importance:	193
_	(State or country)	md	a Cerebral Remarrhage	
HER	13. NAME andrews	7. D carparon	9	
FAT	14. BIRTHPLACE (city or town)	oforg co,	Name of operation Date of	
- 1	15. MAIDEN NAME May the	1 O Conti	What test confirmed diagnosis? Wes there an a	
OTHER	A	Soot Co	Accident, suicide, or homicide? Date of Injury	
8	16. BIRTHPLACE (city or town) (State or country)	Uma	Where did injury occur?	
17.	INFORMANT Jon Burta (Address) 6 6 Bort	¿ Escarlor	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION OR REMOVAL	21177 31	Manner of Injury	
	Place Programme	Date/ 11/ 1936	Nature of Injury	
19.	UNDERTAKER 5, 8, Ba (Address) Fourlings	of md,	24. Wes disease or injury In any way related to occupation of deceased?	
20.	FILED 26 , 1936 Chee	lea J. Taley M. S. Registrar.	(Signed) Frank Wolfest (Address) Leasing do france	24-

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Harr 9 Too	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	U. I. V.	July 5 1927	Peritonitis	3 days ago	
3	-	A CONTRACTOR OF THE PARTY OF TH			
Other contributory causes of i	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				T = 100 5.44	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLANI	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	94a + 1811
County borford	Registration Dist. No. 184
Village or City & hitaford	No. St., Wal
Length of residence in city or town where death occurred he-yrs.	
2. FULL NAME John L	ryder
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOW	MEDICAL CERTIFICATE OF DEATH
male White morried	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Symna & Snyder	22. I HEREBY CERTIFY, That I attended deceased from the second se
6. DATE OF BIRTH (month, day, and year) Sept 19/155	P I last saw how alive on Jel 3
7. AGE Years Months Bays II LESS	
76 4 19 1dey,	
kind of work done, as SPINNER,	
SAWYER, BDOKKEEPER, etc.	ungina Beturi
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1935) spant in this expense of the spant in the spant	1/2
year) occupation Ad	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Califical Calendaria
	My Court Selections
13. NAME 14. BIRTHPEACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of Date of Was there are new operation
15. MAIDEN NAME Eliabeta Borenett	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Stables Ingles my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Plage trong Store Date 1.15	Nature of injury
19. UNDERTAKED Howard State On	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED Feb. 79, 136 21. M. Habb Regist	(Signed) Verrow S. What M. (Address) Care M.
If more blanks are needed, address State Re	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 1812	3
1. PLACE OF DEATH		948 ×	4
County Harry	1	Registration Dist. No. / 8	3
Village or City Dieau	ure/lavel	CeNo. St.,	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and nur ds How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME THERE	ie Gestr	ude Standel- 0	
(a) Residence: No. new l	aretter/1	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	OR DIVORCED (write the word)	21. DATE OF DEATH Feb 29	93 6
5a. If married, widowed, or divorced	pedow	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of The Research	. Letted	22. I HEREBY CERTIFY, That I attended dec	eased from
7, -10-6/10	1 1	fele 28 , 1536, 10 febr 29	, 1936
6. DATE OF BIRTH (month, day, and year)	213-30	i last saw h alive on 70, 1936; d	leath is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et	
10 3	/6 ormin.	wore se follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	nous	THE DADON STORES	40-0
9. Industry or business in which		Cocorady Junombosio	All Zis
work was done, as SILK MILL, SAW MILL, BANK, etc	2000		1.I.2.6
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
Dissip.	Andr. V. H	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	orga pria		
표 13. NAME	Flint		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation	
(State of country)	Kur	What test confirmed diagnosis? 2424 Was there en eu'o	psv? Za
15. MAIDEN NAME Accused to 16. BIRTHPLACE (city or town)	a junewoods	23. It death was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6 16. BIRTHPLACE (city or town))	Accident, suicide, or homicide? Date of Injury	., 19
State or coun'ry)	a.	Where did injury occur?	
17. INFORMANT COMES STATEMENT (Address) Factor	andeford	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, DR REMOVAL) / en . el . e . c	Manner of injury	
Place Place	ite 21936	Nature of injury	
19. UNDERTAKER Skur	Affre	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	telle	If so, specify	
20. FILED Mchl of 1936 Thom	mas PU Grow Registrar.	(Signed) Utiliara (Address) Forest Hell ma	⊇M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis: MAR 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago	
The sale was proposed to the sale of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.-WRITE ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1813
1. PLACE OF DEATH	93-2
County Harford	Registration Dist. No. 180
Village or City Van Bubbes	Al
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME My John J Su	llevan
(a) Residence: No. Yan Bibber	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Est 14 193 6
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	10-1-33 ,19 ,to Fal 14 ,19,36
6. DATE OF BIRTH (month, day, and year) May 15 1866	I last saw h. Lung. alive on Fel 12 , 1936; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 5:32 A.m.
69 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Essential Hypertension (atleast) 6 yrs?
SAWYER, BOOKKEEPER, etc. Lete May Men T Wylend	Cerebral hemorrhage many 1932
9. Industry or business in which work was dona, as SILK MULES TO Rout Road	myocardetis seral yes
10. Oate dacasad last worked at	Coronary occlusion 2000
this occupation (month and year) 22 spent in this 49 occupation 49	
* Fdan -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Call Jenurol (State or country) Han And Comment	
13. NAME Thomas Sullivan	
E	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Mandenet Lungh	What test confirmed diagnosis? Clander Was there on autopsy? Was there of the was
#	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
019 14 0	(Specify city or town, county and State)
17. INFORMANT / A MAN AN A STREET STREET	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Francis - Congdenate Jef 17", 1936	Nature of injury
19. UNDERTAKER HAME Comas Hon	24. Was disease or injury in any way related to occupation of decaased?
(Address) Abundam Ma	if so, specify
70615 . 6.0 . 00.0	(Signed) Fred OHodors M.O.
20. FILEO 7 1936 Complete My Shipton (1936 Cocal Resistrar.)	(Address) Edulwood md
76	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAN 3 1999	July 5, 1927	Peritonitis	3 days ago	
SUNEAU V. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very Important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF	DEATH	1814
DEATH		111

1. PLACE OF DEATH	93-0
County Starford	Registration Dist. No. 184
Village operty Alubly	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME & da Mal Du	
	Ct. Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or diversed HUSDAND (or) WIFE of Home Swift E DATE OF PIRTY (mark downed way) 191857	22. I HEREBY CERTIFY That I attended deceased from 1936 I last saw I LL alive on Politics 1936 I last saw I LL alive on Politics 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc.	Chronic myocustitis 1934
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME GET. S. Anderson 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comma A. Sullivan 16. BIRTHPLACE (city or town) Starford Co. (State or country)	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Wygmen Staslach (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Dulle S. 1936	Manner of injury
19. UNDERTAKER A Bailey (Addiess) Darlington Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Febr. 7, 1936 Mc W. Kink. Registrar.	(Signed) - According M. D. (Address) - A Challengelow
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	CE I	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(159)
County Tarford	Registration Dist. No. 105
	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
02 1.0 ,00	os. 3ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Trank heroy day	llow, *
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surgle,	21. DATE OF DEATH February (5 193 6 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro 736 / 12 1936, to 736 / 5 1936
S. DATE OF BIRTH (month, day, and year) Feb 12, 1936	I last saw h alon alive on 75 / 5 , 19 36; death is sa
7. AGE Years Months Days If LESS than 1 day,	mere se follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Can's malformation Ble Duch
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Toxaemila -
1D. Date deceased last worked at this occupation (month and year)	
(State or country)	Dither Contributory Causes of Importance:
13. NAME adalphus Taylor	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Phys June Was there an autopsy? Ho
15. MAIDEN NAME Clara Whiteliser	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Plara Burkluser 16. BIRTHPLACE (city or town) Longue line (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Wed Adalphus Vaylor (Address) Lure II Grace Mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL LILL, Date Feb. 16, 19,36	Manner of injury
19. UNDERTAKER Duringtont Son, (Address) Lave do Grace, rud	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tet 15, 1936 Charles J. Taley M. D Registrar.	(Signed) track Wolbert M. (Address) fure le frue has

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

PHYSICIANS should state RECORD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

important.

TION is very

V. S. No. 1

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stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT AGE should be mation should be carefully supplied. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1811
1. PLACE OF DEATH	
County Harford	Posistation Dist. No. 184
Village or City Reta R. F. LQ.	Registration Dist. No. /8-7
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles V.	homes
(a) Residence: No. OLLTAR. D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, end year) August - 1877	Viest sew fine elive on Feb. 19 1936; deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 P. m.
5-8 6 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
2 Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (nonth end year) 11. Totel time (yeers) spent in this year)	Casimonia of agilla Date of onset Af left arful + hothi Lunga Primbry in skins and somes = Otive tirfries of left agillas Curto.
12. BIRTHPLACE (city of town) To to the book (State or country) Cenna	Other Contributory Causes of importence: Invalved the whale left lung a before death.
13. NAME Janus St. Thomas	
(Stete or country)	Neme of operation
15. MAIDEN NAME Pranching - norming	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Tfark bo. (State or country) Devana.	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19 Where did Injury occur?, 19
17. INFORMANT Steegh Thomas (Address) Delta R.D. Pa.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE 211. Me be Ceu Dete Fish 2 3, 1936	Manner of injury
19. UNDERTAKER Helbert P. Harlieux (Address) Delta Pa.	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED Feb. 22, 1936) S. J. S. Mc Mabb-Registrar.	(Signed) 1 E. Hallmer M.D. (Address) Canadiff Pad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

1. PLACE OF DEATH /	LAND	CERTIFICATE OF DEATH 81
County Harbard	the same	Registration Dist. No.
	778	- No. St Wa
Village or City Chesseen	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Linkensun	c Jame	es Togler NR-06
(a) Residence: No. Was a Current (Usual place of		St., Ward. 17 Concord St. Hamden Co. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (Charles)	(write the word)	21. DATE OF FEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washand		22. I HEREBY CERTIFY, That I attended deceased for
7. 6	1900	
6. DATE OF BIRTH (month, day, and year) / Wenow 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, atm.
26 11-6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	ormin.	were as follows:
de, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		geceivemen westly by
Industry or business in which	7.5.3.	a fing the way
work was done, as SILK MILL, SAW MILL, BANK, etc		a skansy vania guisa
10. Date decessed last worked et this occupation (month and spent) occupa	e (years) in this ation	Corry
12. BIRTHPLACE (city or town). Harksware (State or country)		Other Contributory Causes of importance:
(State or country)		
(State or country) 13. NAME 14. PIRTURN ACE (city or town)		
H mbn		Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis? Was there an aulopsy?
TI 15. MAIDEN NAME		23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)		Where did injury occur?
OL OTA.	V	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Frank F-learning (Address)	news.	Specify whether injury occurred in INDUSTRY, IN NUME, OF INFORLIG PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
	18 1936	Nature of injury
Place County Home mily Date Febr	See Manney Lot be seen	materic of injery
Plece Carried Home mily Date Febr	1	OA War di anno a latina in anno antique de de constitue de co
19. UNDERTAKER LENRY James Y	Lon	24. Wes disease or injury in any way related to occupation of deceased?
11 1	lik	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify T. (Signed) Frank Amusium Cormer

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii	Example II	0 KG/8
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS B	BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or towal where death occurred How long in U.S. if of foreign birth? 2. FULL NAME If U.S. Veteran specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIFORCED (write the (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of : death is sald 6. DATE OF BIRTH (month, day, end yeer) -7. AGE If LESS than Months Days to heve occurred on the dete stated ebove. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or min. were as follows: Date of enset Lade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc ... < 9. Industry or business in which OCCUPA work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et 11. Total time (yeers) this occupation (month and spent in this occupation _____ 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13, NAME Neme of operation 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury 24. Wes diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

(Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 4 V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PL-INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County / Yarfoed	Registration Dist. No. D
Village or City Plkufman	No. St., Ward
Length of residence in city or town where deeth occurred 4,5 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Julow 1. Jugts	
(a) Residence: No. Pekkelman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nale 4. COLOR OR RACE OR DIVORCED (write the word) Nace Nace Nace Nace	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of - (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
012707070707070	lest sew h m elive on The first said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, at
67 k 13 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, Std. blacksuitle SAWYER, BOOKKEPER, etc.	
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	augua Pectorio.
11. Total time (years) this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Iranschiperville	Other Contributary Causes of importance:
(State or country) Balto. Co	
13. NAME John M. Togts	
13. NAME John M. Togts 14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete of Country), Devices	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Travelt Corbus	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME / Sarriett Corbus 16. BIRTHPLACE (city or town) - Follows (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mus. Clina & Togts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place flesertia emelerypete Feb. 7, 1936	Neture of injury.
19. UNDERTAKER Thy. Taking & Sous	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) / Oberden md.	(Signed) Sulanu M. D
Registrar.	(Address) Ary Man Mus

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Example I	ji	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAD 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
*HABAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA. OKD. Every item of infor-

stated EXACTLY.

should be

AGE

supplied.

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CAUSE matton

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OF DEATH in plain terms, so that it may

classified.

certificate. properly

> Jo back

See instructions on

very important.

MOTHER

17. INFORMAN

19. UNDERTAKER

20. FILED The

(Address)

15. MAIDEN NAME

18. BURIAL, CREMATION, OR

16. BIRTHPLACE (city or town) (State or country

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 18)
Village Dr City Meas Have de Brace (If Length of residence In city of town where death occurred 14 yrs. 9 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME arrett devis Wa (a) Residence No faverde Brace Md.	PSTD-# EWard.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of howele Sulhert	1 HEREBY CERTIFY. That I attended deceased from 19.35 to 75.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Data of onset
1D. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this year) cocupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 2 13. NAME Carrell Gd. Ward	Chronic Sileralikal
13. NAME Jarrett od. Ward 14. BHRTHPLACE (city or town) Jareful (State or country)	Name of operation

23. If death was due to external causes (VtDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury......

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury Neture of injury

Where did injury occur?_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	- 1515
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
WINDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLANCY, WITH UNFADING INN - 1111 IN STATE TO TLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9200 4
County Harfords	Registration Dist. No. /83
Village or City Obokown	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos,	
O': I of TIRE THE	Q
2. FULL NAME CANONICO OF PURCE	7
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
Founder white OR Brygnethe word)	7-16-21, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	A LUCE CONTROL TO THE LUCE
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decesed from 1936 to Leb 21 1936
A00. 11 1849	I last saw han alive on Tel 20 , 193 6; deeth is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
or min.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, House Spinner, SAWYER, BODKKEPER, etc	Chi They cand is seemed Typings
9. Industry or business in which work was done, as SILK MILL, AX Rome. SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end spant in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Treen wood Oalla Co	
(State or county)	
II 13. NAME Jermuchli While	
13. NAME Jermyahl While 14. BIRTHRIAGE (city or town) Balta Co	Name of operation
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Ellen L Morroe	23, If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto Co Mil	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) 2 alls Co Mac	Where did injury occur?
John Web It le	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17, INFORMANT	the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Win Wallers Date Feb 23 1936	Nature of injury
El Kust of las	N.O.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
10 2 1 30 00	If so, specify
20. FILED Tel 23 (, 1936 This Of Jown Registrar.	(Signed) (Address) TOOL Holl Mid M. D
If more blanks are moded address State Periodean	2427 N. Charles Street Relimore Persetting 7) S. No. 7

V. S. No. 1

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			÷

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Aurford	Registration Dist. No. 15
Village or City Neutres de Grace	No. /Yasketal St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. il of foreign birth?
Length of residence in city or town where death occurred	ds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME / Mary Wills	2 d
(a) Residence: No Yavre, W Sural place of abode)	7 St. d. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.6EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2 /
OR DIVORCED (write the word)	Teb 8 , 193 6
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That attended deceased from
1869 2 0.	Dec 28 1930, 10 Det 8 , 1936
6. DATE OF BIRTH (month, day, end year) unknown.	I last saw h Lv. alive on TLV 8 ; death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to heve occurred on the date stated above, at 2 40 A.m. The PRINCIPAL CAUSE OF DEATH and related purples of Importance
alt, 61 or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	THE STATE OF THE STATE OF
SAWYER, BOOKKEEPER, etc	and any property
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
0 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) alarhughor	Other Candibatary Causes of Importance.
(State or country)	
13. NAME Culsuouble.	
14. BIRTHPLACE (city or town) A A A A A A A A A A A A A A A A A A A	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Allie Garr 1/1 (Address) Alever de Grago Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Jane Slew Date Jeb. 12, 1934.	Nature of Injury
19. UNDERTAKER Pennington Pour	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have the male md	If so, specify
20. FILED Jel. 12 , 1936 Blacks J. Faley M. D. Registrar.	(Signed) (Address) (Addres
	2411 N. Charles Street, Balifornic Requesting V. S. No. 1.

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